

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

46746

FILED DEC 20 1957

Registration District No. 317 Primary Registration District No. 548

Registrar's No. 2972

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Webster Groves</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Webster Groves, Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>35 Chestnut</b>		Length of stay in lb <b>yrs.</b>	d. STREET (If outside, give location) ADDRESS <b>35 Chestnut</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>LESLIE</b> Middle <b>W.</b> Last <b>BLOCK</b>		4. DATE OF DEATH <b>Nov. 24, 1957</b> Month <b>Nov.</b> Day <b>24</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 20, 1896</b>
9. AGE (In years last birthday) <b>61</b>		10. IF UNDER 1 YEAR Months <b>61</b> Days <b>18</b> Hours <b>18</b> Min. <b>18</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>sales</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber Company</b>	
11. BIRTHPLACE (City and state or country) <b>Eureka Springs, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Celestine Block</b>		14. MOTHER'S MAIDEN NAME <b>Emma G. Iyle</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WU I</b>		16. SOCIAL SECURITY NO. <b>489-035325</b>	
17. INFORMANT <b>Lucille Block, 35 Chestnut, Webster Groves</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>consequence of blood</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>a mitral valve</b> DUE TO (c) <b>181x</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <b>3:00</b> Month, Day, Year <b>Nov. 24, 1957</b> a. m. <b>p. m.</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo.</b>		COUNTY <b>St. Louis</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>Nov. 24, 1957</b> to <b>Nov. 24, 1957</b> and last saw her alive on <b>Nov. 23, 1957</b> Death occurred at <b>3:00 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>E. J. Volkmann</b>		22b. ADDRESS <b>5500 Big Bend</b>	
22c. DATE SIGNED <b>11/24/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>Nov. 27, 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
24. FLUORAL DIRECTOR <b>W. J. Croghan</b>		25. DATE RECD. BY LOCAL REG. <b>11-26-57</b>	
26. REGISTRAR'S SIGNATURE <b>Herbert R. Danks</b>			

DEC 20 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Homer W. Trutz*

Licensed Embalmer No. *38*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.